

**Department of Defense  
Veterinary  
Food Analysis and Diagnostic  
Laboratory**



**Sample Submission Guide**

March 2004

**"The adequacy and condition of the sample or specimen received for examination are of primary importance. If samples are improperly collected and mishandled or are unrepresentative of the sampled lot, the laboratory results will be meaningless"**

**(Andrews, Ralston, 1984)**

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**PURPOSE:** This submission guide provides instructions for collecting and submitting samples to the Department of Defense Veterinary Food and Diagnostic Laboratory and its branches. It provides the testing capabilities of the various labs and the areas they serve. The guide provides information on a variety of products that may be selected for testing. It is not meant to be all inclusive. The sampling details and analyses listed are for samples submitted for routine surveillance testing. Units with the need for special testing due to customer complaints, possible foodborne illnesses, etc., should contact the laboratory prior to shipping the sample.

## **LABORATORY LOCATIONS**

1. Three laboratories provide veterinary laboratory services for the Department of Defense. Refer to the listing below for laboratory addresses, phone numbers, areas supported and testing available at that facility.

2. Samples should be submitted to the laboratory that supports your geographical area or that provides the specific service required. For additional information, contact the area laboratory providing support.

### **LABORATORY**

#### **DOD Veterinary Food Analysis and Diagnostic Laboratory**

Attn: MCVS-Lab  
2472 Schofield Rd Suite Suite 2632  
Fort Sam Houston, TX 78234-6232  
Comm: 210.295.4604/4761  
DSN: 421.4604/4761  
Fax: 210.270.2559  
Sample receiving: 4210  
Fax: 4615

#### **U.S. Army Veterinary Laboratory-Europe**

CMR 402  
APO AE 09180  
Comm: 011-49-6371-86-8300/7241 (Landstuhl, GE)  
DSN: 486-8300/7241  
Fax: 7075

#### **Food Analysis Laboratory**

1 Jarrett White Road  
Room 2H201/2H224  
Tripler AMC HI 96859-5000  
Comm: 808.433.7925/7926  
DSN: 433.7925/7926  
FAX: 7928

### **AREAS SERVICED**

Worldwide

### **TESTING PROVIDED**

Full chemical, microbiological and  
diagnostic

### **AREAS SERVICED**

Europe, Mid East, and Africa

### **TESTING PROVIDED**

Microbiological, most chemical and  
limited diagnostic

### **AREAS SERVICED**

Hawaii and parts of SE Asia

### **TESTING PROVIDED**

Limited microbiological

# Sampling and Shipping Laboratory Samples

## General Information

1. Samples submitted must be representative of the sample population being tested. If a customer complains about a particular lot of an item it **PROBABLY** will not do any good to test a different lot unless it also exhibits the same problems.

2. Is the testing really necessary and cost effective? How many of the same items remain in stock? Would it be better to dispose of the few remaining items than spend SEVERAL dollars in shipping costs and POSSIBLY HUNDREDS more in laboratory costs? When in doubt, call the laboratory.

3. Requests for laboratory testing of food and like items should be submitted on the Medical Command Form 676-R, 'Request For Veterinary Laboratory Testing'. Samples submitted for other than routine testing should include a complete product history and/or customer complaint history (in addition to the MC 676-R). The more information you provide the laboratory, the faster and more accurately we will be able to test your samples. See the appropriate section of this guide for the form to use when submitting diagnostic blood or serum samples.

4. Pack samples CAREFULLY to prevent damage during transit. Individual samples should be placed in separate plastic bags (zip-lock work best) to prevent leakage from inside out and outside in. Serum and blood tubes must be protected from breakage. Wrap them with gauze pads or other absorbent material and then place in a plastic bag. DO NOT PLACE BLOOD/SERUM TUBES BETWEEN TWO FROZEN CHEMICAL ICE PACKS FOR SHIPPING. THEY WILL BREAK!

5. Ship perishable items in an insulated container with refrigerant.

a. Pre-cool chilled products to 2°C.

b. Maintain the correct temperature during transit by using sufficient refrigerant.

c. If using chemical ice packs, they must be frozen prior to use. Refrigerating them does not get them cold enough.

d. If using wet ice, place it in heavy plastic bags that will contain the water produced when the ice melts. Do not place products in the same bag with the ice.

e. Do not use dry ice to ship chilled products.

f. Chilled shipments must contain a temperature pilot sample similar in type to the samples being submitted. Label the pilot sample as such.

g. Dry ice is required to keep frozen samples frozen during shipment. Frozen chemical ice packs will not keep frozen items frozen.

6. When shipping heavy or bulky items such as large cans or gallon jars of salad dressing, pack the items carefully. Use extra packing material and if necessary, ship in several boxes rather than one very heavy one. If the items are swollen place them in plastic bags to contain any leakage.

7. Ship perishable samples by express, overnight, next day delivery. Whenever possible, do not ship chilled/frozen samples on Thursday for Friday delivery. The laboratories are not staffed to receive samples on weekends. Therefore, if the samples are not delivered on Friday (for whatever reason), they will probably not be testable when they are finally received the following Monday.

8. Notify the laboratory whenever a shipment is made. Notification can be telephonic or electronic (E-Mail, FAX, etc.). Include the name of the carrier and tracking number, if known. Whenever possible personnel should utilize the laboratory's database in LotusNotes to complete and print the MC 676. This will automatically alert the laboratory to incoming samples.

9. Shipments from overseas to the Fort Sam Houston or Hawaii lab may require a USDA import certificate. If the permit is not attached, the shipment will be delayed by customs and the samples may not be testable when received. If not cleared by customs, they will be returned to the submitter by the shipping company. If you do not have copies of the appropriate certificates, contact the receiving laboratory for a copy. Read the USDA permits because they contain specific restrictions on what items can and cannot be submitted.

10. All test request forms should include the name and a DSN or commercial phone number for a point of contact who is familiar with the samples being submitted. This will save the laboratory time should they need additional information prior to testing.

**NOTE:** Samples of many laboratory request forms are included as enclosures (attachments) to this guide. However, these forms are periodically reviewed and may change. Please contact the laboratory to ensure you have the latest and correct version of any form. If you don't, one can be faxed to you immediately.

# Fresh Dairy Products

(Whole Milk, Low-Fat Milk, Skim Milk, Flavored Milks, Creams {heavy, light, half & half, whipping}, Eggnogs)

## 1. Sample selection:

- a. Send samples in their unopened original containers (no larger than 1 gallon). If sampling larger containers, aseptically sample.
- b. Send at least 4 oz of sample
- c. Enclose each container in a separate plastic bag to contain leakage.
- d. **Do not tape the tops of the containers.**
- e. Fresh dairy in quart, half gallon and gallon containers should be placed in the shipping carton upright. They are much less likely to leak than when laid on their sides. Use caution not to crush them by placing too much weight (ice or gel packs) on top.
- f. Collect and ship samples ASAP after pasteurization. Fluid dairy samples must be received within 72 hrs of pasteurization if a keeping quality is to be performed. Include the **date of pasteurization** on the request form.

## 2. Routine Testing

Microbiological: standard plate count, coliform count, keeping quality (P.I.)

Chemical: phosphatase

Whole milk only – antibiotic screen, freezing point, total acidity

## 3. Pilot Sample

Like item is required

## 4. Remarks:

Fluid/chilled dairy samples must be received at a temperature between 0 and 4.4°C. Samples received at the laboratory **FROZEN** or **TOO WARM** (greater than 4.4°C) will not be tested.

# Soft Serve Ice Cream and Yogurt Mixes

## 1. Sample selection:

- a. Send samples in their unopened original containers (no larger than 1 gallon). If sampling larger containers, aseptically sample.
- b. Send at least 4 oz of sample
- c. Enclose each container in a separate plastic bag to contain leakage.
- d. **Do not tape the tops of the containers.**
- e. Quart, half gallon and gallon containers should be placed in the shipping carton upright. They are much less likely to leak than when laid on their sides. Use caution not to crush them by placing too much weight (ice or gel packs) on top.

## 2. Routine Testing

Microbiological: standard plate count, coliform count, YMC  
Chemical: phosphatase (except yogurts)

## 3. Pilot Sample

Like item is required



# Cultured Dairy Products

(Buttermilk, Acidophilis milk, Sour cream, Cottage cheese, Chilled yogurt)

## 1. Sample selection:

a. Send samples in their unopened original containers (no larger than 1 gallon or 1 pound). If sampling larger containers, aseptically sample.

b. Send at least 4 oz of sample

c. Enclose each container in a separate plastic bag to contain leakage.

d. Tape the lid on tub-type containers. **Do not tape the tops of milk-type containers.**

e. Samples in quart, half gallon and gallon containers should be placed in the shipping carton upright. They are much less likely to leak than when laid on their sides. Use caution not to crush them by placing too much weight (ice or gel packs) on top.

## 2. Routine Testing

Microbiological: coliform count

Chemical: phosphatase

## 3. Pilot Sample

Like item required

## 4. Remarks:

Samples received **FROZEN** or **TOO WARM** (greater than 7°C) at the laboratory will not be tested.

# Ice Cream/Frozen Yogurt/Sherbet

## 1. Sample selection:

- a. Send samples in their unopened original containers (no larger than ½ gallon). If sampling larger containers, aseptically sample.
- b. Send at least 4 oz of sample
- c. Enclose each container in a separate plastic bag to contain leakage.

## 2. Routine Testing

Microbiological: standard plate count, coliforms  
Yeast and mold – yogurt

Chemical: phosphatase (ice cream)

## 3. Pilot Sample

Not Required

## 4. Remarks:

Samples must remain frozen -- **SHIP WITH DRY ICE ONLY.**

# Frozen Novelties

## 1. Sample selection:

- a. Send an intact retail end item package containing a minimum of 3 units of the same item/same lot
- b. Place in a plastic bag to protect from contamination

## 2. Routine Testing

Microbiological: standard plate count, coliform count,

## 3. Pilot Sample

Not Required

## 4. Remarks:

Samples must remain frozen -- **SHIP WITH DRY ICE ONLY.**

Make sure product packaging material does not contact the dry ice directly. This may cause the packaging to become brittle and crack, especially plastic bags.

# Cheese

(Hard, Soft, Processed, Natural)

## 1. Sample selection:

- a. Send samples in their unopened original containers. Products in larger containers should be aseptically sampled.
- b. Send at least 4 oz of sample.
- c. Enclose each container in a separate waterproof bag to contain leakage.

## 2. Routine Testing

Coliforms, pathogens, yeast and mold

## 3. Pilot Sample

Like item required

## 4. Remarks:

Samples should be submitted as chilled specimens.

# Salads and Spreads

(Prepared, processed (bagged), dips)

## 1. Sample selection

- a. Submit a minimum of 4 oz. (100 g.)
- a. Send samples in their unopened original containers. Products in larger containers (> 1 pound) should be aseptically sampled.
- c. Place individual samples in a plastic bag to contain leakage.

## 2. Routine Testing

APC, coliform, *E. coli*, *Staphylococcus aureus*, *Salmonella*, *Listeria monocytogenes*, *Bacillus cereus*, yeast and mold, pH

## 3. Pilot Sample

Like item is required

# Sandwiches

## 1. Sample selection:

a. Microbiological testing requires a minimum of 4 oz (100 grams) of components (MEAT, CHEESE, ETC., excluding the bread). If necessary, submit two sandwiches as one sample (give them the same sample number).

b. Place wrapped sandwiches in separate plastic bags to protect them from leakage and contamination. Pack carefully to prevent crushing.

## 2. Routine Testing

APC, coliforms *E. coli*, *Staphylococcus-aureus*, *Salmonella*, *Listeria monocytogenes*

## 3. Pilot Sample

Like item is required

# Tofu

## 1. Sample selection:

- a. Submit a minimum of 4 oz. (100 g.)
- a. Send samples in their unopened original containers. Products in larger containers (> 1 pound) should be aseptically sampled.
- c. Place individual samples in a plastic bag to contain leakage.

## 2. Routine Testing

APC, *Escherichia coli*, *Staphylococcus aureus*, *Salmonella*, *Listeria monocytogenes*, *Yersinia enterocolitica*

## 3. Pilot Sample

Like item is required

# Ground Meats

(Beef, Pork, Poultry, Trimmings)

## 1. Sample selection:

- a. Submit at least 8 oz. for microbiological testing.
- b. Submit at least 1.25 lb. for fat testing.

## 2. Routine Testing

Microbiological – APC, coliforms, E. coli 0157: H7  
Chemical – fat (beef only)

## 3. Pilot Sample

Like item required for chilled samples

## 4. Remarks:

If product is received/sold chilled, submit chilled. If product is received/sold frozen, submit as a chilled sample to allow product to begin to thaw in transit.



# Environmental Samples

## 1. Sample selection:

The swab and sponge sampling methods can be used to evaluate cleanliness and sanitation of food contact surfaces in commissaries and dining facilities. A larger surface area can be sampled using the sponge method.

- a. Upon request, the laboratory will provide the sterile swabs, sponge kits and a sampling SOP.
- b. Immediately after sampling, sponge and/or swab containers must be shipped chilled to the laboratory on wet ice or frozen gel packs. Maintain temperature at 0 to 4.4°C during transit.
- c. Ship for overnight delivery since testing must be done within 24 hours of sampling if results are to be valid.
- d. Describe the size of the surface area sampled and what piece of equipment was tested.
- e. Do not allow the broth medium in the swab tubes to spill or leak from the tube. The quantity in the tube is pre-measured and must remain in the tube for the test to be valid.

## 2. Pilot Sample

Blank swab tube with diluent

# UHT Milk

## 1. Sample selection

A. For swelling containers:

Submit 6 containers or packages (3 normal and 3 abnormal) per affected lot. Label packages as "normal" or "abnormal". Be sure to indicate the date of pack or code date on the laboratory request.

B. For shelf life testing:

Submit 6 containers or packages per lot. Be sure to indicate the date of pack or code date on the laboratory request.

## 2. Routine Testing

Microbiological: APC, anaerobic plate count, DMC, pH, appearance, and condition

Chemical: dye leak (swelling containers)

## 3. Pilot Sample

Not required

## 4. Remarks

Include all relevant inspection data or 'customer complaint' information with the sample request.

# Canned Items

## 1. Sample selection

A. For swelling containers:

Submit 6 (3 normal and 3 abnormal) per affected lot. Label as "normal" or "abnormal". Be sure to indicate the date of pack or code date on the laboratory request.

B. For routine testing:

Submit 1 can per lot (minimum of 4 oz of product). Be sure to indicate the date of pack or code date on the laboratory request.

## 2. Routine Testing

As required by information provided by submitter

## 3. Pilot Sample

Not required unless product is stored/sold as a chilled item

## 4. Remarks:

Please provide all pertinent inspection history associated with product submitted

# Water

(Bottled, Source, Tap, Ice)

## 1. Sample selection:

It is essential that **NEW** bottles be used when submitting samples of collected water (source water, well water, tap water, etc) for trace metal or pesticide testing. Re-used bottles, even when cleaned, can contain high levels of soap, minerals, oils, etc. that can interfere with trace analysis. Samples for pesticide analysis should be submitted in glass bottles. One-time use bottles for pesticide analysis can be purchased from a number of laboratory suppliers. Samples of commercially bottled water should be submitted in their original unopened container.

## MINIMUM QUANTITIES REQUIRED FOR TESTING

Microbiological – 500 mL  
Chemical – CONUS – 200 mL  
                  OCONUS – 1,000 mL (1 liter)

## 2. Routine Testing

Microbiology:

Bottled – HPC, Coliforms, *P aeruginosa*  
Others – ‘Colilert’ (coliforms/E.coli)

Chemistry

Bottled  
          CONUS plants – heavy metals, inorganic ions  
          OCONUS plants – heavy metals, inorganic ions, pesticides  
Others – as requested

## 3. Pilot Sample

Not required

## 4. Remarks:

If you are going to submit samples to the laboratory for heavy metals and pesticide testing you should call or E-mail the lab for guidance and additional instructions.

# Foodborne Illness

## **CONTACT THE MICROBIOLOGY SECTION OF THE LABORATORY PRIOR TO SHIPPING ANY FOOD POISONING/FOODBORNE ILLNESS SAMPLES.**

Submit all requests for food poisoning/foodborne illness testing on MEDCOM Form 676-R. Refer to Appendix 1 for sample form and completion instructions.

A foodborne illness is an incident in which a person experiences an illness after the ingestion of food.

Samples may be shipped refrigerated or frozen depending on the circumstances. Contact the lab.

Submit food which is EPIDEMIOLOGICALLY implicated (i.e., samples of actual food eaten, if available). The specific laboratory tests and the order in which they are conducted will be determined by the clinical signs, symptoms, the incubation period and other pertinent facts.

### **The following information and samples are required:**

1. Food attack rates for each food eaten or suspect meal(s):
  - a. Total number of people who consumed the suspect meal(s) or food.
  - b. Number of people who consumed the suspect meal(s) or food and became ill.
  - c. Number of people who consumed the suspect meal(s) or food and did not become ill.

Note: Foods eaten 72 hours prior to symptoms should be considered.
2. Predominate symptoms, such as nausea, vomiting, diarrhea, fever, chills, headache, dizziness.
3. Incubation period: time from ingestion to appearance of symptoms.
4. Duration of symptoms.
5. Physician's diagnosis and any medical treatment given.
6. Laboratory results on cultures of clinical specimens; stool and/or vomitus.
7. Reports of any mishandling of the suspected food.
8. Chill and ship suspected samples (bulk foods, food in open containers, and clinical specimens) in separate sterile containers. Submit a minimum of 100 grams of each sample or entire specimen if less than 100 grams. Submit food sample swabs (Cultorettes<sup>R</sup>) in transport growth medium.
9. Operational (MRE) rations: Submit any leftover suspected components and six unopened components of the same meal and subplot

# Animal Feeds and Bedding

## **1. Sample selection**

A MINIMUM of 1 pound of sample should be submitted for proximate analysis.

## **2. Routine Testing**

Proximate analysis

Microbiological, metals and pesticide analytes are available. Contact the laboratory.

## **3. Pilot Sample**

Not required unless product is stored/sold as a chilled item

# Diagnostic Samples

(Blood, serum and tissue samples)

## Rabies Diagnosis

Sample – brain tissue

Submit all requests for rabies diagnosis testing on DD Form 2620, "Request for and Report of Laboratory Rabies Test"

### 1. Preparation of Specimen

a. Decapitate large animals and place the head in a plastic bag and seal. Place the sealed specimen in a second heavy plastic bag and seal the second bag. Send the entire carcass of small animals such as bats.

b. Refrigerate immediately. Freezing animal specimens is not recommended unless a delay in shipment is expected.

c. Wild animals, and dogs and cats whose owners cannot be readily identified, that have exposed a person should be euthanized immediately upon capture and submitted for testing.

### 2. Packing Shipping Containers

a. Add sufficient refrigerant to an insulated shipping container to maintain a temperature of 0 to 4°C during transit.

b. Use drip-free gel packs as a refrigerant. Pack refrigerant in a separate bag from the sample. **Liquid must not leak from the shipping container during transit so DO NOT USE wet ice to ship !**

### 3. Labeling Shipping Containers and Shipping Documents

a. Animal specimens for rabies diagnosis are considered DIAGNOSTIC specimens. Special labeling is not required for shipment of diagnostic specimens. **DO NOT** label the exterior of the shipping container as a "rabies specimen".

b. Place the completed DD Form 2620 in a sealed plastic bag and place it on top, between the inner and outer containers. Affix a copy of the request form, in an envelope, to the top of the outer shipping container. Include a point of contact who can receive the laboratory report upon completion of testing. Phone numbers for that individual (day and night) must be listed.

c. The phrase "**Diagnostic Specimen - Animal**" should be used on all transportation documents (GBL, Airbill, etc.) to describe the specimen shipped. **DO NOT** mention "rabies".

**4. Method of Shipment.**

Ship by the most expeditious means (overnight, next day delivery).

5. Notify the laboratory **BY TELEPHONE** as soon as the specimen has been shipped and provide the following:

- a. Type of animal
- b. Was human exposure involved?
- c. Method of shipment and ETA

Notification is vitally important, especially when a rabies suspect sample is shipped for Saturday or holiday delivery. The laboratory is normally not staffed on weekends/holidays and special arrangements must be made to receive and process the specimen.



# Serological Samples

(Blood and serum)

## 1. General Instructions

- a. Before shipping specimens, ensure the laboratory performs the test desired and that the correct test request form is available. If in doubt, **CALL** the laboratory **PRIOR** to sample shipment.
- b. Testing of specimens from privately owned animals is limited to diseases and conditions that present a health threat to the community.
- c. Collect blood samples (2 to 3 mL) in a sterile tube; allow blood to clot. Avoid hemolysis and lipemia. Transfer serum to **polypropylene vials** having watertight screw-caps.
- d. Label each serum tube with the animal's identification data. Data on the tubes should correspond with the data on the appropriate laboratory test request form. Be sure the form includes a **COMPLETE** return address and telephone number.
- e. Ship as chilled specimens the same day collected or freeze sera for later shipment.
- f. Pack serum tubes to prevent breakage; wrap in paper towels, gauze, etc., and then place in a plastic zip-lock bag. Place in an insulated shipping container with enough frozen gel pack refrigerant to keep the samples cold during transit. Sera must be shipped in watertight primary and secondary containers.
- g. Ship samples by a carrier that will deliver them within 48 hours.

## 2. Rabies Antibody Assay

Sample – serum

- a. Refer to the recommendations of the Immunization Practices Advisory Committee (ACIP) on rabies serological guidelines (MMWR, 22 Mar 91). Veterinarians, animal control personnel and wildlife officers working in areas where rabies is epizootic should receive pre-exposure rabies prophylaxis and have a serum sample tested for the rabies antibody every 2 years or receive a booster.
- b. Submit the sample with request form SF 557, Miscellaneous Form. Ensure complete patient and submitting station identification is on the form.

## 3. Ehrlichia and Babesia Analyses

Sample -- serum

- a. Submit Military Working Dog sera for Ehrlichia and Babesia (*E. canis*, *B. canis*, *B. gibsonii*) serological testing to the Fort Sam Houston laboratory. Label appropriate serum tube with dog's name and tattoo number.

b. Submit samples with request form “Military Working Dog Serological Test Request/Report”. Fill the form out completely.

c. Sera from overseas which may be delayed in shipment, can be preserved for unrefrigerated shipment by adding one drop of Thimerosal tincture, USP, 1:1000, NSN 6505-00-128-5705, per mL of serum.

#### **4. Lyme Disease**

Sample -- serum

Send sera to the Fort Sam Houston laboratory. Use MWD Serological test request form .

#### **5. Equine Infectious Anemia (EIA)**

Sample -- serum

a. Only government-owned horses and privately-owned horses maintained on military installations will be tested.

b. Submit serum specimen with completed USDA Form VS 10-11, Sep 1984, EIA Test Report. Forms are available from regional offices of USDA, APHIS, and most military veterinary clinics. Send ALL copies of the form. When complete, the laboratory will distribute the copies to the appropriate recipients, including the State Veterinarian and Federal Area Veterinarian.

#### **6. Wildlife Disease Surveys**

Sample – protocol dependent

a. Serological testing in support of wildlife disease surveys requires a current protocol signed by the MACOM and the Director, DOD Veterinary Laboratory.

b. Contact the laboratory regarding the appropriate test request form.

c. Routine wildlife disease surveys are performed as workload permits

#### **7. Specimens for Isolation of Leptospira**

Sample – see below

a. Media and specific directions/instructions will be provided upon request and can normally be delivered within 24 hours from the Fort Sam Houston laboratory.

b. Urine is toxic to leptospire and must be cultured within 1 hour for successful isolation.

c. Collect blood specimens for culture in vacutainer tubes containing potassium oxalate (gray top tube) or sodium heparin (green top tube) anticoagulant. Culture specimens the same day.

d. Collect urine and blood specimens aseptically. Inoculate 1 mL into 9 mL of Reheis's Prepared Leptospiral Medium (PLM); mix well and transfer 1 mL of this 1:10 dilution into a second tube of PLM. Mix well and transfer 1 mL of this 1:100 dilution into a third tube of PLM, making a 1:1000 dilution.

e. Incubate inoculated tubes at 28-30°C or room temperature until shipped.

f. Pack the tubes to prevent breakage and ship in an insulated shipping container. DO NOT USE ANY REFRIGERANT because cold temperatures destroy the organisms.

### **8. Other Antibody Assays Performed**

( Toxoplasmosis, Rocky Mountain Spotted Fever, and brucellosis)

Sample – serum

a. Collect acute and convalescent serum samples.

b. Submit with request form SF 557, Miscellaneous Form.

c. Ship as chilled samples to arrive within 48 hours.

# FAVN (Testing for Rabies antibodies in dogs and cats)

(Serum)

## **LABORATORY REQUIREMENTS FOR OIE-FAVN TEST** **FOR IMPORTATION OF DOGS AND CATS**

In order to efficiently process and test serum from dogs or cats bound for quarantine facilities, the Department of Defense Veterinary Food Analysis and Diagnostic Laboratory requires the following protocol for submission of samples:

1. The veterinarian should submit a **minimum of one-milliliter (1.0 ml) of serum without preservatives, spun and separated from the clot**, in a labeled, unbreakable cryovial or tube. ***Tubes containing red blood cells or clotted blood are not acceptable for testing.***
2. The submitting veterinarian must also complete the enclosed **OIE-FAVN form request**. A photocopy of the member's military orders or alert notification for movement, if available, must also be submitted with the specimens and request form. **Military members using a civilian veterinary clinic to obtain the serum samples must provide a photocopy of both sides of the military ID.** Only samples from animals belonging to Department of Defense personnel will be provided this service. Effective 1 May 2003 the FADL will charge \$35 dollars per sample.
3. It is the owner's responsibility, **with VTF or Veterinary Clinic assistance**, to send **refrigerated, not frozen**, specimens, request form(s), and orders to the laboratory via a next-day delivery service. It is the owner's responsibility to pay for shipment of the specimens if the submitting veterinarian does not provide that service. The FADL will not accept COD charges. Samples should be individually wrapped to prevent breakage and placed in ziploc bags; they **should not be sent to the laboratory to arrive on a weekend or federal holiday**. Each sample must be properly labeled, with the form completed and signed by a veterinarian.
4. Enclosed is the official request form to be used. **One form for each animal** to be tested should be filled out completely (typed or neatly printed), signed by the attending veterinarian, and sent along with the specimens from that animal. If microchips are from the State of Hawaii, please use the bar code labels provided with the microchip. A microchip bar code label may also be affixed to the request form where the microchip number is requested.
5. Please send the specimens and request form via a next-day delivery service, **NOT BY REGULAR AIRMAIL**. Send the above information and specimens to:

**DEPARTMENT OF DEFENSE VETERINARY  
FOOD ANALYSIS AND DIAGNOSTIC LABORATORY  
ATTN: MCVS-LAB  
2472 SCHOFIELD ROAD, BLDG 2630  
FORT SAM HOUSTON, TX 78234-6232**

6. For those personnel sending samples from **overseas** every effort should be made to use the **fastest Airmail service** available. Send all requests with specimens to the above address and use plenty of frozen gel packs to keep the specimens in a chilled condition. The quarantine facility will have results ready upon arrival, not earlier. We mail the original request to the quarantine facilities or owner as required with a copy to the VTF/Veterinary Clinic when testing is completed. **We are not permitted to give results over the phone; there are no exceptions.**

***Note:*** *To allow ample time for an immune response to the vaccination to develop, serum for testing should be collected 2 to 3 weeks after vaccination, not at the time of vaccination.*

**MEMORANDUM FOR** Civilian Veterinarians Serving Military and Department of Defense Clients

SUBJECT: Fee and New Form for FAVN Testing

1. On 1 May 2003 the DOD Veterinary Food Analysis and Diagnostic Laboratory (FADL) at Ft. Sam Houston, TX will begin charging \$35.00 for each FAVN test. The FADL will continue to perform the tests for all military members and Department of Defense personnel only.

2. A request form is required for each FAVN test; one personal check may be used if the owner has multiple animals. Please advise your clients to follow these instructions:

a. Make the check payable to **Ft. Sam Houston IMWRF** or **FSH IMWRF**. At the bottom of the check, on the "Memo" or "For", line write FAVN - Pet's Name(s).

b. Fill out the check for the amount of \$35.00 for one animal, \$70.00 for two, \$105.00 for three, etc.

c. Make sure the military sponsor's name is on the check. This will assist the FADL in tracking payment in the event that a family member is caring for the pet.

d. Place the check in a plastic Ziploc bag with the FAVN request form; place the pet's serum in a different plastic bag, to ensure that the paperwork is kept dry.

**3. Incorrectly completed checks will not be accepted. If the FADL must contact the submitter to request another check, there will be a delay in receiving the test results.**

4. The FADL will be using a new FAVN request form beginning 1 May 2003; the instructions for sending samples have changes as well. The form changes include "Serum Draw Date" and "Station Number". If your clinic has submitted FAVN requests for military clients in the past, the FADL will most likely have a station number on file; call the lab if you need the number. If your clinic does not have a number, the FADL will issue one that will represent your clinic's name and address. **Use the Station Number on every request.**

5. Using the previous form may cause delays in moving pets through the quarantine process; please make sure you use the new VETLAB Form D-132 (1 May 2003). **Incomplete forms will not be accepted. If the FADL must contact the submitter to request a signature or other information, there will be a delay in receiving the test results.**

6. If you have any questions, please call (210) 295-4604/4761.

7. The staff of the DOD Veterinary FADL strive to provide the best service to our customers - military members and Department of Defense personnel. Thank you for your clinic's service to our customers and for your cooperation in helping to make the FAVN testing process smooth and efficient.

KATHLEEN M. KRAL, VMD  
MAJ, VC  
Chief, Diagnostic Section  
DOD Veterinary Food Analysis and  
Diagnostic Laboratory

## **HAWAII ANIMAL QUARANTINE INFORMATION**

### **Hawaii's Animal Quarantine Laws**

Hawaii is a rabies free state. Hawaii's quarantine law is designed to protect residents and pets from potentially serious health problems associated with the presence and spread of rabies. Success of the quarantine program is dependent on maintaining isolation of your pet from other animals for the required quarantine period.

Importation of dogs, cats and other carnivores into Hawaii is governed by Chapter 4-29 of the State of Hawaii, Department of Agriculture Administrative Rules. This law says that these animals are required to complete a 120-day confinement in the State Animal Quarantine Station. If specific pre-arrival and post-arrival requirements are met, animals may qualify for a 30-day quarantine or a new 5-day-or-less quarantine that became effective on June 30, 2003. Qualifications for Hawaii residents with pets and reduced "re-entry" fees became effective on February 12, 2004.

**Hawaii Resident Pets:** Owners wishing to leave and return to the State of Hawaii with their pets must meet all requirements for 5-day or less quarantine program to return without extended quarantine. The 120 days "pre-arrival" waiting period after a successful rabies blood test can be completed prior to leaving the State or in combination with time spent out-of-state before re-entry. See [Checklist for Hawaii Resident Pets](#) for details.

**Re-Entry Fee Requirements:** **For pets re-entering Hawaii after completing a Hawaii animal quarantine program, go to our website for requirements to qualify for the reduced "Re-entry" fee for Direct Airport Release or 5-day or-less quarantine.**

## INFORMATION BROCHURE AND FORMS

([http://www.hawaiiag.org/hdoa/ai\\_aqs\\_info.htm](http://www.hawaiiag.org/hdoa/ai_aqs_info.htm))

- Animal Quarantine Station Rabies Information Brochure [aqsbrochure.pdf, Rev. 02/12/04] This brochure contains important information about pre-arrival requirements, quarantine station procedures, policies, rules, operations and fees.
- Frequently Asked Questions [Rev. 02/13/04]
- Frequently Asked Questions for 5-Day-or-Less Quarantine Program [Rev. 02/13/04]
- Direct Airport Release Security Advisory
- Checklist for 5-Day-or-Less Program [aqs-checklist-5.pdf, Rev. 02/12/04]
- Checklist for 30-Day Program [aqs-checklist-30.pdf, Rev. 02/12/04]
- Checklist for Pet Arriving From British Isles, Australia, Guam and New Zealand [aqs-checklist-exempt.pdf, Rev. 09/2/03]
- Checklist for Hawaii Resident Pets [aqs-checklist-resident.pdf, Rev. 02/12/04]

## FORMS

- Dog and Cat Import Form [AQS-278.pdf, replaces Pet Owner Statement (AQS-2) and Document Submittal Form (AQS-78)] - One completed form per pet is required to be submitted along with all pre-arrival documents (Vaccination Certificates, Health Certificate, Pet Owner Statement, Pre-payments).
  - List of Approved Animal Hospitals [AQS-20.pdf, Rev. 7/03]
  - Breed Code Listing and Color Code Listing [AQS-66.pdf, Rev. 10/03]
  - Intermediate Handlers [aqs-interhandlers.pdf]  
List of registered private individuals or organizations which may be contracted with for fee as intermediate handlers to assist in the interstate and inter-island shipping of pets.
- Veterinarian Checklist [AQS-39.pdf, Rev. 08/03]
- OIE-FAVN Testing Forms - All posted laboratory fees and documents are subject to change by the laboratory without notice.
  - Kansas State University FAVN-OIE Testing Form for general public [aqs-ksu-favnform.pdf, Rev. 08/03]
  - FAVN Testing Request form for DOD Members [aqs-dod.favn.pdf]
  - Memorandum for Civilian Veterinarians Serving Military and Department of Defense Clients, Subject: Fee and New Forms for FAVN Testing [AQS-DOD-FAVN-memo.pdf]

- Request For Electronic Microchip for Foreign Countries [aqs-73.pdf, Rev. 07/03]  
Effective June 30, 2003, the State of Hawaii will **only provide microchips for requests outside of the 50 States of the United States**. Microchips must be readable with a standard AVID universal scanner (AVID chip, Home Again chip).
- For pets arriving from Guam, Affidavit for Export From Guam to the State of Hawaii [IC-5.pdf] is required.

### **OIE-FAVN Test Results**

Pets owners do not need to present a hard copy of test results to the Animal Quarantine program; they already have the results. Owners can obtain pre-arrival OIE-FAVN test results from the veterinarian who submitted the sample or from the Hawaii Department of Agriculture website (see below). **Please do not call laboratories directly for test results!**

**For those qualifying for the direct release, 5-day or less, or 30-day quarantine program, you can now check online for your pre-test results and the earliest date your pet can arrive.**

If you have questions after reviewing our brochure and forms, please contact us:

- E-mail: [rabiesfree@hawaii.gov](mailto:rabiesfree@hawaii.gov)
- Address of Quarantine Office:

Hawaii Department of Agriculture  
Animal Quarantine Station  
99-951 Halawa Valley Street  
Aiea, Hawaii 96701-5602

## **IMPORTATION OF DOGS AND CATS INTO SPECIFIC AREAS**

### **Guam:**

Department of Public Health and Social Services  
Division of Environmental Health  
P.O. Box 2816  
Hagatna, Guam 96932  
Phone: (671) 735-7204/7221 FAX: (671) 734-5556  
Email: [deh@mail.gov.gu](mailto:deh@mail.gov.gu)

Andersen Quarantine Facility  
Andersen AFB, Guam 96929  
Phone: (671) 564-3225 FAX: (671) 366-5021  
<http://www.guam.navy.mil/pet%20quarantine.htm>



## Britain / United Kingdom:

Department for Environment, Food and Rural Affairs (DEFRA)  
1a Page Street  
London SW1P 4PQ  
England

PETS Helpline: +011 44 870 2411710  
<http://www.defra.gov.uk/animalh/quarantine/quarantine.qindex.htm>

### Pet Travel Scheme Office:

Mr. Dick Ackroyd  
Department for Environment, Food & Rural Affairs (DEFRA)  
Area 209 1a Page Street  
London, SW IP 4PQ  
Telephone: +44 020 7904 6163  
Fax: +44 020 7904 6206  
E-mail: [Richard.c.ackroyd@defra.gsi.gov.uk](mailto:Richard.c.ackroyd@defra.gsi.gov.uk)

## Australia:

An Import Permit must be obtained from the Principal Veterinary Officer (Quarantine) in the State in which the animal will undergo post-entry quarantine. An application form for Live Animals - Dog or Cat, together with the applicable permit fee, should be made at least two months prior to the intended date of importation. A list of Principal Veterinary Officers (Quarantine) and their addresses is also available at the website below.

The application for permission to import must be accompanied by the vaccination certificate(s) and laboratory report of the rabies Fluorescent Antibody Virus Neutralization (FAVN) test. This lab report, which may be either an endorsed copy or the original, will be signed by the Official Veterinarian at the DOD Veterinary Food Analysis and Diagnostic Laboratory. An Import Permit will not be issued if the laboratory report is not satisfactory.

Australian Embassy  
Union House 32/38, Quay St.  
Auckland, Australia  
Phone: 0 9 303 2429  
<http://www.affa.gov.au>

## **New Zealand:**

Animals shall be held for a minimum period of 30 days in a quarantine facility registered to MAFRA and supervised in accordance with New Zealand guidelines (Supervision of Dog and Cat Quarantine Facilities-see website below). The animal's carrier must be sealed at the port of debarkation.

The animal will not become eligible for importation into New Zealand until at least 6 months after the date of blood sampling for laboratory testing for the rabies Fluorescent Antibody Virus Neutralization (FAVN). The animal must demonstrate a titer of at least 0.5 IU/ml or greater, as detailed in a letter from the animal's veterinarian. This testing may be completed at the Food Analysis & Diagnostic Laboratory.

Chief Veterinary Officer Ministry of Agriculture & Fisheries

P.O. Box 2526

Wellington, New Zealand

Phone: 64-4-474-4132 Fax:64-4-472-7171

[http://www.maf.govt.nz/biosecurity/imports/animals/standards/doma\\_niic.spe.htm](http://www.maf.govt.nz/biosecurity/imports/animals/standards/doma_niic.spe.htm)

## **Norway:**

[www.karantene.net](http://www.karantene.net)

[www.vet-care-europe.org](http://www.vet-care-europe.org)

## **U.S. LABORATORIES WHERE THE OIE-FAVN TEST IS AVAILABLE:**

**For Military Members:** Department of Defense Veterinary Food Analysis and Diagnostic Laboratory, ATTN: MCVS-LAB, 2472 Schofield Road, Bldg 2632, Fort Sam Houston, TX 78234.

For additional questions please contact:

**EMAIL:** [Gonzalo.Rodriguez@LN.amedd.army.mil](mailto:Gonzalo.Rodriguez@LN.amedd.army.mil) or  
[MaryEsther.De Hoyos@LN.amedd.army.mil](mailto:MaryEsther.De Hoyos@LN.amedd.army.mil) or  
[Edwin.Cooper@LN.amedd.army.mil](mailto:Edwin.Cooper@LN.amedd.army.mil)

**PHONE:** (210) 295-4604 or the nearest Military Veterinary Facility

**WEBSITE:** <http://vets.amedd.army.mil/vetlab/Default.htm>

**For Civilian Personnel:** Kansas State University, Mosier Hall ATTN: FAVN Serology, Veterinary Clinical Sciences Building, 1800 Denison Avenue, Manhattan, KS 66506-5601.

For additional questions please contact:

**EMAIL:** [Schweitz@vet.ksu.edu](mailto:Schweitz@vet.ksu.edu) or [rdavis@vet.ksu.edu](mailto:rdavis@vet.ksu.edu)

**PHONE:** (785) 532-4455

**WEBSITE:** <http://www.vet.ksu.edu/depts/rabies/hawaii.htm>

## Directions for Completing the MEDCOM Form 676-R (V 2.00) for Lab Sample Submission

**GENERAL** – a separate MEDCOM (MC) 676-R must be completed for each different commercial source and/or government facility that originally ‘produced’ or subsequently further processed the sample; i.e., each different manufacturer, packer, etc. The only exception to this is when submitting samples associated with a suspected foodborne illness (FBI). All samples pertaining to the FBI may be included on a single MC 676-R but any producer/manufacturer information should be provided as a separate attachment. If submitting more than 6 items from a single supplier, use additional copies of page 2 to provide the appropriate information.

### **Page 1 of form**

**Block 1** – provide a complete address for the specific branch/section that collected/submitted the sample(s). The hard copy final report will be mailed to this address or posted on the data base. If other individuals or units need copies of the final report, indicate this in Block 12 (Remarks).

**Block 2** – provide a point of contact and telephone number for an individual the laboratory can contact if additional information about the samples is required. Complete the **station identification number** for the address listed in block 1.

**Block 3** – DO NOT complete this block. For use during food sample management, ONLY.

**Block 4** – check the appropriate box for the laboratory that you are sending the sample to.

**Block 5** – provide a **COMPLETE** name, address and phone number for the last entity that produced or further processed the sample. For example:

1. **Potato salad is produced in bulk 5-pound containers by the XYZ Salad Co. and shipped to the local commissary. If the veterinary food inspector opened a new 5-lb container and aseptically obtained a sample, then the XYZ Salad Co. would be the producer.**
2. **If commissary deli workers repack the above potato salad in their own containers for sale to the consumer, then the commissary would then be the sample source since they repacked the item.**

Block 5 (continued)

3. **The commissary meat market obtains ground beef in 5-pound chubs from the packing plant. A sample taken directly from the chub should show the packing plant as the source. However, if the product is reground by market personnel and then packed for retail sale, the commissary becomes the source.**

- 4. A sandwich is prepared by the operator of the snack bar at the local bowling alley from Oscar Mayer bologna and Kraft American cheese. The proper source would be the bowling alley snack bar since the items were ‘re-processed’ by the snack bar personnel.**
- 5. A cheeseburger prepared by the local AAFES Burger King should show the restaurant as the supplier.**

For commercial manufacturer/vendor items produced at U.S. establishments provide the name, address, and telephone information for the origin production plant.

For commercial manufacturer/vendor items produced at foreign establishments provide, as a minimum the name of the country in which the sample was produced. If the name and address of the production plant is not available, provide that information for the importer, exporter, or distributor.

On government produced items provide the name, address, and telephone information for the particular military establishment (e.g. AAFES Robin Hood, Albany MCLB Commissary, Post Restaurant, NEXCOM Mini-Mart, etc...) that produced the sample.

Include any plant codes found on the product or packing case (IMSL, USDA, etc.). This code should correspond to the producer or manufacturer’s address listed. If the supplier is listed in the VETCOM Directory of Approved Sources, include the VC number assigned to that supplier.

Use caution when providing addresses from product labels. In many cases they are for corporate offices, not the actually processing plant.

**Block 6** – check the appropriate box that indicates the reason the sample is being submitted.

In the case of customer complaints, provide all known details and results of local inspections in Block 12 (Remarks) or on a separate sheet of paper.

In the event of a possible foodborne illness investigation, please contact the laboratory for guidance prior to submission.

**Block 7** – indicate where the item was physically sampled.

**Block 8** – enter the date the sample was collected in both spaces provided. Date must be entered as dd/mm/yy (i.e., 10 Jun 03).

**Block 9** – products should be shipped under the same conditions that they are stored/sold; i.e., ice cream must be shipped with dry ice to remain frozen; dry goods, MREs, etc. can be shipped at room temperature;

**Block 9** (continued)

refrigerated products such as chilled dairy, luncheon meats, FFV, etc., must be shipped chilled, with chemical ice packs or wet ice.

Indicate the temperature conditions for this shipment. In the case of chilled samples, indicate what sample is included as a ‘temperature pilot’ for the laboratory to use to monitor the package temperature upon arrival.

**Blocks 10 & 11** – DO NOT complete this block. For use during food sample management, ONLY.

**Block 12** – use to provide any additional information pertinent to this submission.

**Page 2 of form**

**Block 13** – provide as much information as possible about each sample:

**Submitter Sample Number** – a unique number assigned by the submitter that should correspond to a label on the product.

**Sample Description** – brief description of the sample (tuna sandwich, cooked shrimp, whole milk, etc.)

**Brand Name** – specific product brand (Oscar Mayer, Reser's, Fresh Express, etc.)

**Universal Product Code (UPC)** – from product label

**Sell by/Use by Date/Pasteurization date** – from product container/packaging. Entered date as indicated on the package.

**Can Code/Lot Number** – any product code from package

**Sample Weight/Volume** – from product label

**Quantity Submitted** – how many/how much of this item was sent

**Unit of Issue** – **how is the product sold? (each, bottle, can, 6-pack, pound, etc.)**

**Total Cost** – DO NOT complete this block. For use during food sample management, ONLY.

**Disposition** – DO NOT complete this block. For use during food sample management, ONLY.

**NOTE:**

It is important to use separate MEDCOM Form 676's for each different origin plant and/or government production site. This ensures our final reports contain results that are unique to a specific manufacturer/production source and that the laboratory can track all samples that may require medical-hold actions, market withdrawals, and/or recalls.

For use of this form see C1, MEDCOM Reg 40-28

**MEDCOM FORM 676-R (MCVS) JAN 03**      PREVIOUS EDITIONS ARE OBSOLETE      *Page 1 of 2 Pages*      MC V2.00

**13. SAMPLE INFORMATION** *(Complete as much information as is available):*

<b>SAMPLE NUMBER 1</b>		FOR LABORATORY USE ONLY			
SUBMITTER SAMPLE NUMBER		SAMPLE DESCRIPTION			BRAND NAME
UNIVERSAL PRODUCT CODE (UPC)		SELL BY/USE BY DATE	CAN CODE/LOT NUMBER		SAMPLE WEIGHT/VOLUME
QUANTITY SUBMITTED		UNIT OF ISSUE	TOTAL COST		DISPOSITION
<b>SAMPLE NUMBER 2</b>		FOR LABORATORY USE ONLY			
SUBMITTER SAMPLE NUMBER		SAMPLE DESCRIPTION			BRAND NAME
UNIVERSAL PRODUCT CODE (UPC)		SELL BY/USE BY DATE	CAN CODE/LOT NUMBER		SAMPLE WEIGHT/VOLUME
QUANTITY SUBMITTED		UNIT OF ISSUE	TOTAL COST		DISPOSITION
<b>SAMPLE NUMBER 3</b>		FOR LABORATORY USE ONLY			
SUBMITTER SAMPLE NUMBER		SAMPLE DESCRIPTION			BRAND NAME
UNIVERSAL PRODUCT CODE (UPC)		SELL BY/USE BY DATE	CAN CODE/LOT NUMBER		SAMPLE WEIGHT/VOLUME
QUANTITY SUBMITTED		UNIT OF ISSUE	TOTAL COST		DISPOSITION
<b>SAMPLE NUMBER 4</b>		FOR LABORATORY USE ONLY			
SUBMITTER SAMPLE NUMBER		SAMPLE DESCRIPTION			BRAND NAME
UNIVERSAL PRODUCT CODE (UPC)		SELL BY/USE BY DATE	CAN CODE/LOT NUMBER		SAMPLE WEIGHT/VOLUME
QUANTITY SUBMITTED		UNIT OF ISSUE	TOTAL COST		DISPOSITION
<b>SAMPLE NUMBER 5</b>		FOR LABORATORY USE ONLY			
SUBMITTER SAMPLE NUMBER		SAMPLE DESCRIPTION			BRAND NAME
UNIVERSAL PRODUCT CODE (UPC)		SELL BY/USE BY DATE	CAN CODE/LOT NUMBER		SAMPLE WEIGHT/VOLUME
QUANTITY SUBMITTED		UNIT OF ISSUE	TOTAL COST		DISPOSITION
<b>SAMPLE NUMBER 6</b>		FOR LABORATORY USE ONLY			
SUBMITTER SAMPLE NUMBER		SAMPLE DESCRIPTION			BRAND NAME
UNIVERSAL PRODUCT CODE (UPC)		SELL BY/USE BY DATE	CAN CODE/LOT NUMBER		SAMPLE WEIGHT/VOLUME
QUANTITY SUBMITTED		UNIT OF ISSUE	TOTAL COST		DISPOSITION

FOR ADDITIONAL SAMPLES, USE ADDITIONAL COPIES OF PAGE 2.



**US ARMY VETERINARY COMMAND**  
Food Analysis and Diagnostic Laboratory  
2472 Schofield Road Bldg 2630  
Fort Sam Houston, TX 78234-6232

## REQUEST FOR FAVN-OIE TESTING

(For All Department of Defense Personnel, Retirees,  
Civil Service and Active Duty Members)

ALL REQUESTS SHOULD BE MAILED TO THE ABOVE ADDRESS.

Fax: (210) 270-2559 <http://vets.amedd.army.mil/vetlab/Default.htm>

**\* PET DESTINATION \***

☐ HAWAII ☐ GUAM ☐ GREAT BRITAIN ☐ AUSTRALIA ☐ NEW ZEALAND ☐ OTHER \_\_\_\_\_

Name of Member/Owner: \_\_\_\_\_ Rank: \_\_\_\_\_  
(First Name, Middle Initial, Last Name)

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Animal: \_\_\_\_\_ ☐ Home Again ☐ AVID Microchip # \_\_\_\_\_

☐ Dog ☐ Cat Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Color/Markings: \_\_\_\_\_ Approximate Departure Date: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Submitting Clinic: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Serum Draw Date: \_\_\_\_\_ Station Number: \_\_\_\_\_

Signature of Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_

*Veterinarian signing form acknowledges identity of pet and confirms microchip identification.*

### Test Results:

VET LAB FORM D-132 (1 MAY 03)  
Previous editions are obsolete.

#### OFFICIAL FORM

1. TYPE OR NEATLY PRINT IN INK USING BLOCK LETTERS.
2. FILL OUT FORM COMPLETELY.
3. USE ONE FORM PER ANIMAL.
4. A VETERINARIAN MUST SIGN THE FORM.

Date and Time

LAB ACCESSION NUMBER



These samples will not be tested therefore, a test result will not follow. They will be stored for future testing if needed.

VET LAB SAMPLE FORM D-162 (5 FEB 02)

## OPERATION IRAQI FREEDOM MWD BANKED FORM

These samples will not be tested; test results will not follow. The samples will be stored for future testing if needed.

### 1. TO:

VETCOM  
Food Analysis & Diagnostic Laboratory  
ATTN: MCVS-LAB  
2472 Schofield Rd, Bldg. 2630  
Fort Sam Houston, TX 78234-6232

FOR LAB USE ONLY: DATE & TIME RECEIVED

### 2. FROM: (Complete street address)

### 3. POC:

### 4. PHONE:

### 5. FAX: (Commercial Number with Area Code)

STATION NUMBER:

DOG'S NAME:

TATTOO #:

GENDER: Male ☐ Female ☐

MICROCHIP #:

BREED: MALINOIS ☐ G.SHEP ☐ D.SHEP ☐ LAB ☐ OTHER \_\_\_\_\_

DEPLOYMENT DATE(S):

PRE-DEPLOYMENT: ☐

POST-DEPLOYMENT: ☐

DEPLOYMENT LOCATION(S):

SAMPLE DRAW DATE:

(Keep samples refrigerated at all times.)

REQUIRED SAMPLES SUBMITTED: 1ml Serum ☐

1-3 ml Blood (EDTA) ☐

### EVERYTHING BELOW THIS LINE FOR LAB USE ONLY

LAB ACCESSION NUMBER

SHIPPER TRACKING NUMBER

Comments:

# **Military Working Dog Operation Iraqi Freedom Form**

1. Serum & Whole Blood (in EDTA) Sampling Dates: Pre \_\_\_\_\_

Post \_\_\_\_\_

2. Name : \_\_\_\_\_ Tattoo: \_\_\_\_\_ Breed: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ AVID# \_\_\_\_\_

3. Permanent Unit Address: \_\_\_\_\_

4. Responsible Veterinary Officer: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Electronic Mail: \_\_\_\_\_

5. Deployment/Redeployment Dates: \_\_\_\_\_

6. Unit/Locations and Dates Within the Theater (as specific as possible without classified info release):

\_\_\_\_\_

\_\_\_\_\_

7. Clinical History During and Following Deployment (signs of illness, physical or heat injury):

\_\_\_\_\_

\_\_\_\_\_

8. Assignment History Before and After the War: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUEST FOR MILITARY WORKING DOG  
SEROLOGICAL TESTING FOR CLINICAL SAMPLES**

<b>1.TO:</b> VETCOM Food Analysis & Diagnostic Laboratory ATTN: MCVS-LAB 2472 Schofield Rd, Bldg 2632 Fort Sam Houston, TX 78234-6232		FOR LAB USE ONLY DATE & TIME RECEIVED							
<b>2. FROM:</b> (complete street address)     Station Number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> — <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								<b>3. POC:</b>  	
<b>4. PHONE:</b>  									
<b>5. FAX: (Commercial Number)</b>  									
<b>6. DOG'S NAME:</b>		<b>7. TATTOO #</b>	<b>8. DATE SAMPLE DRAWN</b>						
<b>9. PERTINENT HISTORY(including abnormal CBC results):</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>									
<b>EVERYTHING BELOW THIS LINE FOR LAB USE ONLY</b>									
<b>ACCESSION NUMBER</b>		<b>SHIPPER TRACKING NUMBER</b>							
<b>SAMPLE CONDITION:</b>									
<b>TESTS RUN</b>	<b>RESULTS</b>	<b>DATE COMPLETED</b>							
<b>Comments:</b>									
Signature, Name, Title of Laboratory Officer			Date						

**INSTRUCTIONS FOR THE COMPLETION  
MILITARY WORKING DOG SEROLOGICAL TESTING FOR CLINICAL SAMPLES  
VET LAB FORM D-126**

**GENERAL** – For all Clinical Cases use one legible copy of the form must accompany any sample(s) submitted to the Food Analysis & Diagnostic Laboratory for Analysis. Used separate form for Annual submission (Vet lab Form D-127). Pre-Deployment or Post-Deployment is no longer a requirement for submission of samples.

**ITEM 1** -- If not already printed enter the complete address for the laboratory to which the sample is being submitted.

**ITEM 2** -- Enter the submitting station's complete address, including zip code. Include an E-mail/cc:Mail address. Fill in the submitting station's six digit station identification code number in the blanks provided. Leave it blank if not aware of station identification.

**ITEM 3** -- Enter the name of the person submitting the sample or the individual who would have knowledge about the sample if the laboratory requires additional information.

**ITEM 4** -- Include a phone number where that individual can be contacted. DSN or commercial phone number is needed.

**ITEM 5** -- Include a Fax number where that individual can be contacted in case the Lab personnel would like to fax inquiry

**ITEM 6** -- Enter the name of the dog correspond on the tube.

**ITEM 7** -- Enter the tattoo number of the dog.

**ITEM 8** -- Enter the date of each sample drawn.

**ITEM 9** -- Write pertinent medical history on each sample including abnormal Lab reports.

Below the shaded area. Everything below that line is for Lab use only. All request will be process and tested for Ehrlichia. Original signed results will be mailed to the requestor and a copy will be maintined in the Laboratory.

**All previous MWD Serological test request forms are absolute.**

## MILITARY WORKING DOG BANKED SAMPLE FORM

These samples will not be tested therefore, a test result will not follow. They will be stored for future testing if needed.

1. TO:		FOR LAB USE ONLY DATE & TIME RECEIVED								
VETCOM Food Analysis & Diagnostic Laboratory ATTN: MCVS-LAB 2472 Schofield Rd, Bldg. 2632 Fort Sam Houston, TX 78234-6232										
2. FROM: (complete street address)        Station Number: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								3. POC:		
		4. PHONE:								
5. FAX: (Commercial Number)										
No.	LAB ACCESSION NUMBER	6. DOG'S NAME	7. TATTOO #	8. DATE SAMPLE DRAWN						
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
FOR LAB USE ONLY		COMMENTS:								
SHIPPER TRACKING NUMBER										

**INSTRUCTIONS FOR THE COMPLETION  
MILITARY WORKING DOG BANKED SAMPLES FORM  
VET LAB FORM D-127**

**GENERAL** – These samples will not be tested therefore, a test will not follow. They will be stored for future testing if needed. For all Annual testing use one legible copy of the form must accompany any sample(s) submitted to the Food Analysis & Diagnostic Laboratory for Analysis. Up to twelve samples could be submitted on this request form. Used separate form for Clinical Cases (Vet lab Form D-126). Pre-Deployment or Post-Deployment is no longer a requirement for submission of samples.

**ITEM 1** -- If not already printed enter the complete address for the laboratory to which the sample is being submitted.

**ITEM 2** -- Enter the submitting station's complete address, including zip code. Include an E-mail/cc:Mail address. Fill in the submitting station's six digit station identification code number in the blanks provided. Leave it blank if not aware of station identification.

**ITEM 3** -- Enter the name of the person submitting the sample or the individual who would have knowledge about the sample if the laboratory requires additional information.

**ITEM 4** -- Include a phone number where that individual can be contacted. DSN or commercial phone number is needed.

**ITEM 5** -- Include a Fax number where that individual can be contacted in case the Lab personnel would like to fax inquiry

**LAB ACCESSION NUMBER** -- Do not write in this block is for Lab use only.

**ITEM 6** -- Enter the name of the dog correspond on the tube.

**ITEM 7** -- Enter the tattoo number of the dog.

**ITEM 8** -- Enter the date of each sample drawn.

**SHIPPER TRACKING NUMBER AND COMMENTS** – Leave this area blank for Lab use only.

**All previous MWD Serological test request forms are obsolete**